

PROVIDER / DISTRICT

Nassau County Department of Health
Office of Children with Special Needs
Preschool Special Education Program

School Year 2016-2017
School District Must Check One:
() Summer only
() Fall only
() Summer and Fall

Preschool Special Education Transportation Change Request Form

Section I – Child Demographics

Provider Name: _____		Date: _____
Location: _____		
Child Last Name: _____		Child First Name: _____
DOB / /	Gender: Male Female	School District: _____

Section II – Session Time Correction

Original Start Time: _____	Original End Time: _____
New Start Time: _____	New End Time: _____
Cannot change from AM to PM or PM to AM	
Note: Cannot change from half-day to full day or full-day to half-day, must contact the school district CPSE Office.	

Section III – Change of Pick-up and/or Drop-off Location

When the home address does not change.

Parent/Guardian must contact the school district CPSE Office when the home address changes.

Note: Short-term pick-up or drop-off change requests have a negative impact on all children; therefore, the Transportation Providers cannot accommodate these requests.

New Pick-up location Effective Date of Change: _____				
Address: _____		City/Town: _____	Zip Code: _____	
Phone Number: _____		Authorized Person(s): _____		
Mon. _____	Tues. _____	Wed. _____	Thurs. _____	Fri. _____
New Drop-off Effective Date of Change: _____				
Address: _____		City/Town: _____	Zip Code: _____	
Phone Number: _____		Authorized Person(s): _____		
Mon. _____	Tues. _____	Wed. _____	Thurs. _____	Fri. _____

Section IV – Emergency Drop-Off Information

Authorized Person and Phone contact information must be different from parent/guardian information!

Address: _____		City/Town: _____	Zip Code: _____
Phone Number: _____		Authorized Person(s): _____	

Section V – Authorized Persons

Add / Delete: Name: _____	Add / Delete: Name: _____
Add / Delete: Name: _____	Add / Delete: Name: _____

Section VI – Authorizing Signatures

Parent/Guardian Signature: _____	Date: _____
Provider or District Authorized Signature: _____	Date: _____

School District Only

☐ Summer only☐ Fall only☐ Summer and Fall**Preschool Special Education Transportation Change Request Form****Section I – Child Demographics**

School District: _____

Child Last Name: _____ Child First Name: _____

DOB / / Gender: Male Female

Provider Name: _____ Location: _____

Section II – End Date Change

Reason: ____ Child transferred to _____ District on ____/____/____ Cut back STAC-1 sent to NCDOH

____ Child no longer attending center based program as of ____/____/____ Cut back STAC-1 sent to NCDOH

____ Other: _____ of ____/____/____ Cut back STAC-1 sent to NCDOH

Section III – Transportation Mode Change**Requires Amended IEP and CB 2001 sent to NCDOH**

Amended CB 2001 Sent to NCDOH on: ____/____/____

A. Parent/Guardian Driving Round Trip start date: ____/____/____

B. Parent/Guardian Driving One-way ____AM or ____PM start date ____/____/____ (May need to submit TRF)

C. Round Trip bus transportation start date: ____/____/____ (Submit TRF in addition to the forms listed above)

D. Matron start date: ____/____/____ (Matron form and amended IEP only needs to be submitted to NCDOH)

Section IV– Transportation Session Time

Original Start Time: _____

Original End Time: _____

New Start Time: _____

New End Time: _____

Amended/Corrected IEP and STAC-1 submitted to NCDOH on ____/____/____

Section V– Location Change within same Center Based Program**Requires Amended IEP, New STAC-1 and CB 2001 sent to NCDOH**

Effective Date: ____/____/____

Original location approved on IEP: _____

New location approved on IEP: _____

Section VI– New Center Based Program**Requires the following submission to the NCDOH:**

____ Amendments to the Original IEP, STAC-1 and, Rescinded TRF

____ New STAC-1, new CB 2001, new IEP, and new TRF

Please inform the Parent/Guardian these changes can take up to two weeks before the bus can be routed.**Section VII– Change of Pick-up and/or Drop-off****When the home address changes and the school district remains the same.**

New Pick-up location Effective Date of Change: _____

Address: _____ City/Town: _____ Zip Code: _____

Phone Number: _____ Authorized Person(s): _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

New Drop-off Effective Date of Change: _____

Address: _____ City/Town: _____ Zip Code: _____

Phone Number: _____ Authorized Person(s): _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Section VIII– Authorizing Signatures

Parent/Guardian Signature: _____ Date: _____

School District Authorized Signature: _____ Date: _____

Date: _____

Nassau County Signature: _____